

Air Force Office of Special Investigations
Certification of Identity for FOIA/PA Requests

Send your request to:
HQ AFOSI//XILI
P.O. Box 2218
Waldorf, MD 20604-2218
FAX: (301) 870-1116

REQUESTOR: _____ Phone #: _____

ADDRESS: _____

RELATIONSHIP: _____

THIS REQUEST IS REGARDING (name of individual, **if not yourself**, or investigation)

NAME: _____

SOCIAL SECURITY NUMBER*: _____

Under the Freedom of Information Act/Privacy Act, I am requesting information regarding the above named individual or file. **(If the information is in regards to a minor, are you the legal guardian?)** (Please provide additional information in the space below, if needed).

I authorize information relating to myself to be released to following individual(s):

NAME: _____

I declare under **penalty of perjury** under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

NOTE: A SIGNATURE IS REQUIRED. DO NOT PRINT. Fax or mail the form OR if you can scan the form with your signature, then e-mailing it will suffice.

Signature _____ Date _____

*Providing the social security number of the individual to whom the request is pertaining to is voluntary. It will be used only to facilitate the identification of records. Without the social security number, we may be unable to locate records requested pertaining to your request.